

Pharmacy and Therapeutics Advisory Committee Recommendations

May 17, 2007 Meeting

This chart provides a summary of the final PDL selections that were made by the Secretary for Health and Family Services as a result of the Pharmacy and Therapeutics Advisory Committee meeting of May 17, 2007.

	Description of Recommendation	Final PDL Decision
#1	Growth Hormone <ol style="list-style-type: none"> 1. Growth Hormones are equivalent in safety and efficacy. 2. DMS to select three preferred agents based upon economic evaluation with at least one convenient pediatric dosing form. 3. Continue to require clinical PA for all agents, preferred or non-preferred. 4. Require therapeutic failure of 1 preferred agent prior to approval of non-preferred agents with consideration of FDA indication in PA decision. 5. Allow continuation of therapy for agents selected as non-preferred for patients who have a history within the last 90 days. 6. For any new chemical entity, product, or dosage form of Growth Hormone require a PA until reviewed by the P & T Advisory Committee. 	Recommendations Approved <u>PDL Selections</u> GENOTROPIN NORDITROPIN SAIZEN
#2	Benzoyl Peroxide/Clindamycin Combinations <ol style="list-style-type: none"> 1. Topical Benzoyl Peroxide/Clindamycin Combination products are equivalent in safety and efficacy. 2. DMS to select at least one preferred agent based upon economic evaluation. 3. The agent not selected as preferred will require PA. 4. Require therapeutic failure of preferred agent prior to approval of non-preferred agent. 5. For any new chemical entity, product or dosage form for benzoyl peroxide/clindamycin combination products, require PA until reviewed by the P & T Advisory Committee. 	Recommendations Approved <u>PDL Selections</u> BENZACLIN
#3	Topical Retinoids <ol style="list-style-type: none"> 1. Topical Retinoids are equivalent in efficacy but not in safety. 2. DMS to select all generic products and at least one brand Pregnancy Category C agent as preferred based upon economic evaluation and the P & T Advisory Committee's review of safety. 3. Agents not selected as preferred will require PA. 4. Require clinical PA for Tazorac (tazarotene) to confirm pregnancy status with gender edit. 5. For any new chemical entity, product or dosage form for topical retinoids, require PA until reviewed by the P & T Advisory Committee. 6. Allow continuation of therapy for agents selected as non-preferred for 	Recommendations Approved TRETINOIN RETIN A MICRO DIFFERIN

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	patients who have a history within the last 90 days.	
#4	Agents for Restless Leg Syndrome <ol style="list-style-type: none"> 1. Agents indicated for Restless Leg Syndrome are equivalent in safety and efficacy. 2. DMS to select at least one agent as preferred for Restless Leg Syndrome based upon economic evaluation. 3. The agent not selected as preferred for Restless Leg Syndrome will require PA. 4. Require therapeutic failure of preferred agent prior to approval of non-preferred agent for Restless Leg indication only. 5. The agent selected as non-preferred for Restless Leg Syndrome will pay without PA upon entry of ICD-9 code for Parkinson's disease. 6. For any new chemical entity, product or dosage form indicated for Restless Leg Syndrome, require PA until reviewed by the P & T Advisory Committee. 	Recommendations Approved REQUIP
#5	Januvia – single agent review <ol style="list-style-type: none"> 1. Require step therapy with any oral hypoglycemic in past 180 days. 2. DMS to select this agent as preferred. 3. For any new chemical entity, product, combination product or dosage form in the DPP-IV class, require PA until reviewed by the P & T Advisory Committee. 	Recommendations Approved JANUVIA